

Life Insurance Policy – Correctional Officers – Union Provided

Enrollment Form / Designation or Change of Beneficiary Form (see instructions below)

This \$2,000.00 Life Insurance Policy is provided at no cost to you by the Union.

Name of Employee

Last

First

Middle

Address

Street

City

State

Zip

Date of Birth

Social Security Number

Gender ☐ Male ☐ Female

Status ☐ Single ☐ Married

Phone Number

Name of Employer

Department

Location

I hereby revoke any previous beneficiary designation and I hereby direct that any amount of benefit payable at my death be paid to the Beneficiary designation below if living. If more than one beneficiary is designated, payment will be made in equal shares to such of the designated beneficiaries as survive me, unless otherwise provided.

Name of Beneficiary

Social Security # of
Beneficiary

Relationship to Employee
(Insured)

Address of Beneficiary

Street

City

State

Zip

The right is reserved to revoke this designation and to designate new Beneficiaries at any time by filing a new designation or Change of Beneficiary Form.

Date

Signature

Designation or Change of Beneficiary Form Instructions

For your own protection you should have a beneficiary form on file with your employer. Please complete the above and return it to DOC Human Resources Unit when you first become insured under this plan. You should keep one copy of the form for your records.

1. Do not erase or attempt to make any corrections; use a new form.
2. Only the spouse, dependent children or dependent parents of a covered person shall be eligible for beneficiaries.
3. Show the full name of each beneficiary. Example: Mary Joe Doe, not Mary J. Doe nor Mrs. M.J. Doe.
4. If death occurs and a minor (a person not of legal age) is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the claim. Please take this into consideration when naming your beneficiary.